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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # P96000078137 (2)

## FILED May 09 1997 8:00am Secretary of State

Principal Pla	OVERTISING ADVANTAGE ( ce of Business BELCHER ROAD I FL 34625	Mailing Ad	dress BELCHER RO ER FL 34625-26		· · · · · · · · · · · · · · · · · · ·				
						3. Date Incorporated or Qualified 09/19/1996	3a. Da	te of Last F	Report
2. Principal	Place of Business	2a. Mailing	Address	<del></del>				I	pplied For
21		26				4. FEI Number 59-3409266			ot Applicable
Suite, Apt	t #, etc	Suite, A	pt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional
22		27				5. Certificate of Status Desired	<u></u>	Fee R	equired
City & Sta	ate	City & S	State			6. Election Campaign Financing	-		May Be
23		26				Trust Fund Contribution			lo Fees
Zip	Country	Zip		Countr	У	This corporation has liability for  Standage Products	r intangible i Yes 🔲		. <b>199</b> .032,
24	25   g. Name and Address of Curr	29 Pent Registered Ac	ent	30		Florida Statutes  10. Name and Address of New R			<del></del>
חבי				81	1 Name	10, 110110		-	
	ese, Michael K 128 U.S. Highway 19 North			-			<del></del>		
	LM HARBOR FL 34684			82	2 Street Add	dress (P.O. Box Number is Not Accepta	able)		
10	DR TRAIDONT E 04004			83	3				
								11	
				84	4 City		FL	B5 Zip	Code
office or agent I SIGNATURE						rporation submits this statement for the ation's board of directors. I hereby acc		ointment as	registered
SIGNATURE	Signature hyped or printed name of registized of OFFICERS A		o. (NOT	E: Registered A:	gent signature requ	ured when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	RS IN 12
SIGNATURE  12. THE	Signature typed or printed name of registered in OFFICERS A	agent and the if applicable		TE: Registered Ag	gent signature raqu	ured when reinstaing)	DATE		
SIGNATURE  12. THE NAME	Sgratue typed or printed name of registered in OFFICERS A D MCDOWELL, DAVID L	agent and title if applicable	o. (NOT	TE: Registered Aç 13. 1.1 TITLE 1.2 NAME	gent signature raqu	ured when reinstaing)	DATE	DIRECTO	RS IN 12
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SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

313)-725-5308